



CITY OF SAINT PAUL  
Christopher B. Coleman, Mayor

COMMERCE BUILDING  
8 Fourth Street E., Suite 200  
Saint Paul, Minnesota 55101-1024

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**CERTIFICATE OF COMPETENCY APPLICATION FOR EXAMINATION**  
(Circle the Trade Under the Appropriate Level)

**MASTER LEVEL (Fee \$75)**

REFRIGERATION STEAM/HOT WATER GASFITTER OIL BURNER VENTILATION WARM AIR PLASTER/STUCCO

**JOURNEY LEVEL (Fee \$50)**

REFRIGERATION STEAM/HOT WATER GASFITTER OIL BURNER VENTILATION/WARM AIR PLASTER/STUCCO

**IMPORTANT! PRINT LEGIBLY OR TYPE!**

I, \_\_\_\_\_ DESIRE TO OBTAIN A CERTIFICATE OF COMPETENCY IN THE TRADE OR CRAFT AS CIRCLED ABOVE, AND HEREWITH APPLY. I HAVE FULFILLED ALL PREREQUISITES AS TO STATE LICENSE, AGE, EXPERIENCE AND/OR APPRENTICESHIP. I HAVE PAID THE REQUIRED EXAMINATION FEE WHICH IS NOT REFUNDABLE. IT IS UNDERSTOOD AND AGREED THAT SIX (6) MONTHS MUST ELAPSE BEFORE I CAN REPEAT THIS EXAMINATION AND THAT ALL RULES, REGULATIONS AND DECISIONS OF THE BOARD SHALL GOVERN IN ALL CASES.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone + Area Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Phone + Area Code: \_\_\_\_\_

EXPERIENCE IN THIS TRADE OR CRAFT: *(Please be specific)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am an Apprentice registered with MN Department of Labor and Industry under agreement number \_\_\_\_\_

I have worked at the above designated trade for: \_\_\_\_\_ Years \_\_\_\_\_ Months

I am the holder of: \_\_\_\_\_ License No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ License No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ License No. \_\_\_\_\_ Date \_\_\_\_\_

I solemnly swear that the agreements are true to the best of my knowledge and belief and affix my signature to attest thereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION MUST BE SUBMITTED THIRTY (30) DAYS PRIOR TO DATE OF EXAM**

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**APPLICANTS FOR EXAMINATION MUST HAVE VOUCHERS SIGNED AS FOLLOWS:**

**ALL TRADES**

Master Applicants: Vouchers 1 & 2

Journeyman Applicants: Voucher 3

**MASTER VOUCHER #1 FOR MASTER APPLICANTS ONLY**

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

Subscribed and sworn to me this day

\_\_\_\_\_

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known the applicant, that the applicant has worked in my employ and under my direct supervision in this trade for \_\_\_\_ years. The applicant is a competent journeyman. I have read the above statements and believe them to be true.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Master's Signature

\_\_\_\_\_  
Certificate #

Print Full Name: \_\_\_\_\_

**MASTER VOUCHER #2 FOR MASTER APPLICANTS ONLY**

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

Subscribed and sworn to me this day

\_\_\_\_\_

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known the applicant, that the applicant has worked in my employ and under my direct supervision in this trade for \_\_\_\_ years. The applicant is a competent journeyman. I have read the above statements and believe them to be true.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Master's Signature

\_\_\_\_\_  
Certificate #

Print Full Name: \_\_\_\_\_

**VOUCHER #3 FOR JOURNEYMAN APPLICANTS ONLY**

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

Subscribed and sworn to me this day

\_\_\_\_\_

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known the applicant, for \_\_\_\_\_ years, that I have read the above statements and believe them to be true. The applicant is a registered apprentice and has received on-the-job and related training as provided by agreement #\_\_\_\_\_ with the Minnesota Department of Labor & Industry, under my supervision.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Master's Signature

\_\_\_\_\_  
Certificate #

Print Full Name: \_\_\_\_\_

NAME OF SCHOOL, APPRENTICESHIP PROGRAM OR SPECIAL COURSE	COURSE OF STUDY	YEARS COMPLETED	DATES TO/FROM	DID YOU GRADUATE?	DEGREE OR DIPLOMA

**Note:** Credit not given for special courses unless written description of course content from the institution is attached to this application.

### RECORD OF EMPLOYMENT

List related work experience starting with the most recent employer, be specific.

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use next page of application)

\_\_\_\_\_  
APPLICANT SIGNATURE

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use back of application)

\_\_\_\_\_  
APPLICANT SIGNATURE